MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/534857 **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		2		1			54						
5				1			55						
6				1			56						
7				1			57						
8				1			58						
9				1			59						
10				1			60						
11				1			61						
12				1			62						
13							63						
14							64						
15	1		1				65						
16		1		1			66						
17		2					67						
18				1			68						
19				1			69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
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27							77						
28							78						
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31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		2				**TOTAL IND.**						
TOTAL DEP.	20		17				**TOTAL DEP.**						
TOTAL CLAIMS	22		19				**TOTAL CLAIMS**						

PTO-1360 (REV. 1-90)   U.S. DEPARTMENT of COMMERCE